

# Medical Economics



—AND A  
HAPPY NEW YEAR—

December

The after-effects of Illness are sometimes more serious than the disease itself.

Keep well corked in a cool place. Shake the Bottle when a precipitate settles at the bottom.

# COMPOUND SYRUP OF HYPOPHOSPHITES "FELLOWS"

accelerates Convalescence, restores  
Energy and Vitality; and for over fifty  
years has been known as

**"The Standard Tonic"**

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# MEDICAL ECONOMICS

*The Business Magazine of the Medical Profession*

**H. Sheridan Baketel, A.M., M.D., Editor**



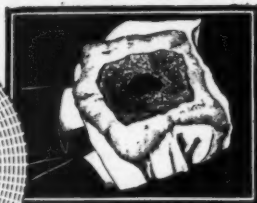
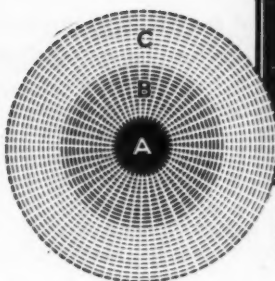
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Antiphlogistine poultice, some hours after application to inflamed area. Centre moist, shows exudate drawn from congested tissues. Periphery, virtually dry.

## This chart shows the Osmotic action of Antiphlogistine

**D**IAGRAM represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine whose liquid contents therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis.

In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore in the direction of the Antiphlogistine. In obedience to the same law, exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

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This sustained heat is invaluable; relieving congestion by increasing superficial circulation, and stimulating the cutaneous reflexes, causing contraction of the deep seated blood vessels.

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# Does It Pay to Collect?

J. B. H. Waring, M.D.

Blanchester, Ohio

*The author says the way to collect is to collect. The physician must pay his bills monthly. Why is the patient exempt? Some plain facts of great economic value are set forth in this article.*

**D**OES it pay a doctor to collect proper fees for professional services rendered?

Every one will vote YES.

HOW can we do it?

With Shakespeare we can say: "Aye! There's the rub." That question bothers us all more or less. But it can be done. Follow me in my thoughts, dear reader, and I will elucidate.

In these piping days of peace we hear considerable regret expressed at the rapid "commercialization" of the medical profession. I hold no brief for the man who has entered the practice of medicine with the sole idea that it is a "get-rich-quick" proposition. Time will quickly disillusionize any doctor with such a thought, but this "commercialization", so-called, is, to my mind, a very healthy sign of progress—a sign that the rank and file of the profession feels today the inexorable pressure of the economic aspects of medical practice—a sign that we are commencing to possess more business acumen.

The old school doctor has passed; the type is practically extinct. The old-time physician we regard with admiration and reverence; but from a business standpoint he was hopeless. I will recall an honored uncle, grown gray and feeble in the practice of his profession. A graduate of two colleges, he was a physician beloved and respected by all; as honest as the day; and ever ready day or

night to respond to any and every call for his professional services. If he was paid his modest fee well and good; if he was never paid the same. Such a thing as sending out bills to delinquents was unknown to him. Yet somehow a sufficient number of patients paid him enough to keep up his office and attend to the immediate wants of a growing family of ten children.

During a professional career of fifty years this grand old man was honored with the presidency of his State Medical Association, and otherwise both by his colleagues and the public. His funeral was attended by an immense throng from far and near; his bier was hidden beneath a mountain of flowers from those who had loved him. A good life well lived was his epitaph, but from a business standpoint his life and his many years of medical practice were largely a failure. Largely, I say, because he did not realize the injustice done to himself, to his family and to the public, by business methods so slipshod that they would have wrecked any business inside of a year.

Only one of his children attained a college education, and that by hard work and through his own resources. Most of the other children failed to even acquire a full high school education, because necessity compelled them to go to work to help keep the mother and family together. Had

proper business methods been employed and proper collection of fees been made, enough of an estate would have been left to have given his children their dues in the way of proper education and a start in life. He was a victim of his day and age. But even today such tragedies are being enacted.

Every doctor should collect a reasonable fee for professional services rendered those able to pay.

The way to collect is to collect, but how?

What is the general situation today as regards medical economics? How is the young doctor to know how to collect? We expect to see the day when a major course in Medical Economics will be part of the prescribed curriculum of every first-class medical school; but where in this broad land of ours can such a course be found today?

Nowhere, outside of the course in Medical Economics given in the College of Medicine of the Long Island College Hospital, Brooklyn, N. Y., does the modern medical student receive instruction in this most important phase of medical practice. The result is that the young doctor is turned loose to face a cold world with a nice new diploma attesting his knowledge of the fundamentals of medicine, but with no knowledge of business methods to guide him. A condition and not a theory confronts the new graduate—the necessity of finding a location in some more or less promising location, attracting patients and getting paid for his professional services sufficient at any rate to appease the landlord and the veritable horde of other commercial ogres which hover at the end of each month. The average young doctor blunders through some way or other; perhaps the fates are kind to him; at any rate, he gradually absorbs a few fundamentals of economics, medically speaking; and in due course, perhaps begins to accumulate a surplus of receipts over expenditures. Just about this

time the fake bond salesman and a hundred and one other "get-rich-quick" presenters loom over the horizon; and without proper business training and perspective, many and many an otherwise good doctor is roped in and separated with ease from hard-earned capital. After being stung a few times the average doctor begins to rely upon the judgment of his banker as to investments; but with proper business training beforehand he would not be such an easy mark for business slickers.

Let us see if we cannot aid this budding son of Aesculapius.

We will assume he has his diploma, license, office equipment and everything ready for practice. A nice new sign swings gently in the breeze; or if in the big city, a brass sign is placed in position on the wall of some big apartment house.

He should first ascertain in a general way the fees charged by physicians in his locality and charge in accordance; not the highest at first, perhaps, nor the lowest. Professional services should be charged for properly, and the young doctor should not be overly modest in bringing up the question of payment, if the patient does not take the initiative.

Office work should be practically all cash with strangers, and as a general rule office work should be cash with all, unless patients of known first-class credit. On outside calls payment will often be tendered with each visit; but more often not, so that as the end of each month rolls around, this and that patient will have more or less "on the book."

Right here is where the young doctor makes his first big mistake. His failure to send statements promptly at the end of each month and thus educate his patients to understand that he expects payment with reasonable promptness is often fatal. If the young doctor will realize the importance of this point, and stick to it, half of his business troubles will be at an end.

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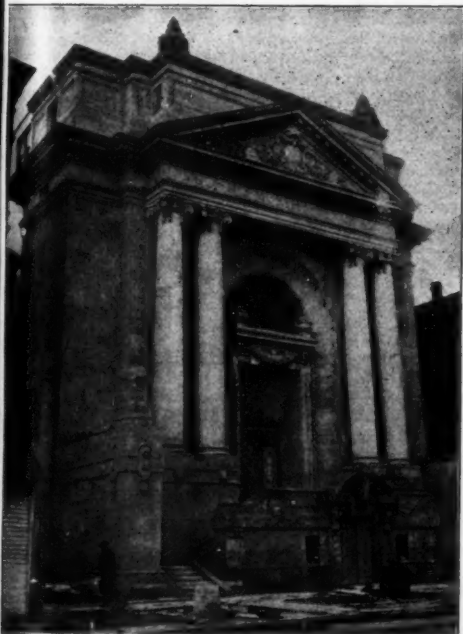
Credit is a privilege and not a right in the business world; and our patients must be educated up to this viewpoint, and led to realize that their credit is good only so long as they maintain that credit by reasonably prompt attention to financial obligations. The young doctor will be called on at the end of each month to pay his office rent, bills for telephone, drugs, garage, personal upkeep—food, clothing—and many others. To maintain his own credit, the doctor must meet these monthly bills with promptness; and he cannot meet them simply with money due him "on the book."

He will want new surgical instruments, new pieces of office equipment, membership in medical societies, medical journals—all of these things are vitally necessary to his professional ad-

vancement and efficiency. No one wants an out-of-date doctor—he must keep up to the minute or fall by the wayside. To do this he must have the things that aid in keeping him in that state, and these all cost real coin of the realm.

There is the case for business efficiency in medical practice in a nutshell. The doctor owes it to himself and to his patients to be as efficient in a business way as he is in a professional sense. This is not being mercenary in any sense of the word. "The laborer is worthy of his hire," and if he does not receive his hire, the time will soon come when sheer economic necessity will force a climax.

Many young doctors (and many older ones, too) simply lack the courage to be business-like in their practice. They all want to be suc-



## John B. Murphy

### In Memoriam

*The discoverer of the "Murphy Button" and the "Murphy Drip" is being memorialized by means of a beautiful memorial building now nearing completion in Chicago. It is worthy of one of the world's greatest surgeons.*

P. & A. Photos

cessful in practice; but they cannot all see that the successful man in medical practice today is and of necessity must be a good business man—in other words, a good collector. Show me a successful doctor today, and I will show you a fairly good business man. The successful doctor bears out the statement that it does pay to collect.

We send out our monthly statements. What happens? We insult one or two who tell us they never before received a "dun" from a doctor in their lives. Most of them recover from the insult nicely. A general informal statement from the physician that he sends out statements to everybody every month—just merely a matter of modern business method—mollifies most patients who are reasonable. What is more important, however, all patients—good pay, slow pay, poor pay, learn that you expect your money with reasonable promptness, and they pay. Those who are too deeply insulted by a monthly "dun" to get over it are the type of patient the average medical man is better off with as patients of some other doctor. To some it can be explained that by paying cash for each visit no monthly statement will be sent. I recall one good patient, but rather peculiar in some ways, who used to dash in at the eleventh hour each month to settle up, so as not to receive the customary monthly statement.

Your good pays take the monthly statement as a matter of course; your slow pays are stimulated to realize that you want your money when due, and they either become good pays, or drift off to some one else. In either event it works out to your advantage. Your poor pays are uncovered by the monthly statement before they have had time to run up a bill of any consequence; they either pay you, or they leave you alone in future. More than that, the word goes around that Doctor So-and-So is a good collector—that he "wants his money" when due.

Gradually the dead-beat leaves the business-like doctor alone; more time for good patients, and more time for necessary study and recreation. It is all well and good for the young doctor to be busy and to seem busy; but to be busy running around in attendance upon the poor-pays and the won't-pays that other doctors have discarded is poor business, very poor business, as the y. d. learns sooner or later.

Many of the older doctors, especially in the rural districts, rarely send out bills; or perhaps once in three months, twice a year, or even once a year. Some never send bills, but rather hopefully expect patients to come in of their own volition towards end of the year and settle up. Some patients do and many more do not. If they had been made to settle a small bill each month they would have done so gladly and readily; but when a year's accumulation of charges for professional services has run up around, say, \$75 or \$100 or more, the average patient of this type hasn't that much ready money at hand; "Doctor doesn't really need it anyhow just now," and as a result the easy going practitioner sometimes is gathered to his fathers with many perfectly good fees still due.

An older doctor, practicing on this system, asked me how to collect such fees. I told him to send out monthly statements to every patient, and to those who did not respond in some manner or form after three months' billing, notify that they must pay by a certain date or the account would have to be placed in the hands of an attorney. He was very much disturbed at this outline; that would just anger his patients and make them go to some other doctor. He couldn't understand my comment that the patients who did not pay me for my services were just the ones I did want to go to some other doctor.

Another disadvantage is that these people will not employ the doctor to whom they owe a con-

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# Advertising in the Palmetto State

By a Florida Physician

THE Pinellas County Medical Society of St. Petersburg, Fla., placed the following advertisement in the daily papers of St. Petersburg during the winter of 1923-4:

## "PINELLAS COUNTY MEDICAL SOCIETY.

"The following St. Petersburg physicians are members in good standing of the Pinellas County Medical Society, the Florida State Medical Association, and are eligible for membership in the Southern Medical Association and the American Medical Association."

Under this advertisement were signed the names of 36 doctors with their office addresses.

The object of this advertisement was to counteract the influence and prestige which was being gained by certain advertising doctors, some of whom were as blatant, and as unscrupulous, as any that can be found in the daily press of the nation. Other doctors merely kept their cards in the papers with announcements of their equipment, their specialty and the type of diseases they treated. All this was objectionable, and the Society regarded all of the advertisers as unethical.

It was necessary to fight fire with fire, so the Society inserted the advertisement in an attempt to make clear to the public mind that the doctors whose names appeared with cards or announcements in the daily press were not members of the County Medical Society, and therefore not to be regarded with the respect which is due members of the Society.

The goats had to be separated from the sheep, and the advertising made it clear which were the goats, and which the sheep. The laity does not understand that doctors of the highest reputation

do not publish announcements and therefore these physicians were compelled to advise the people by means of an announcement with names and office addresses attached, that they were of the class of men who could belong to the County Society, to the Southern Medical and the A. M. A.

The Society spent much money in a campaign, which lasted seven months, with the publicity carried by two daily papers.

The members of the Society feel gratified with the results attained. Not only have they counteracted the prestige which they seemed to be losing, but they fixed the ethic standards of the profession clear and strong in the public mind. At the same time they established themselves individually as being physicians of the first rank, and worthy of the respect and confidence of their fellow physicians.

Did every St. Petersburg physician enter into this campaign, we are asked? While there were 36 men who signed the County Society advertisement, there were 22 other doctors in St. Petersburg who were not members.

The latter largely took the view that their own credentials were legal, that they were reputable, that they were equally skillful, and that the Society had taken an unjust advantage of advertising its members, to the detriment of all other medical men.

They contended that while the Society's advertisement did not say that the 22 non-members were not equal in skill and trustworthiness, it left that to be inferred. They held that the publicity was merely to set up the Society members in a class by themselves.

The non-members say that the advertising had no effect on their practices, as the public called them as freely as ever.

Another question is as to how the public regards the advertising. The people thought one set of doctors were trying to make themselves appear more respectable than the others and that they admitted it by advertising their respectability.

Many seemed to feel it was merely one crowd advertising itself as Honest Joel, the Pawnbroker, while the other crowd advertised itself as Honest Isaac, the Orthodox Pawnbroker, with each side trying to gain the public confidence and the public purse.

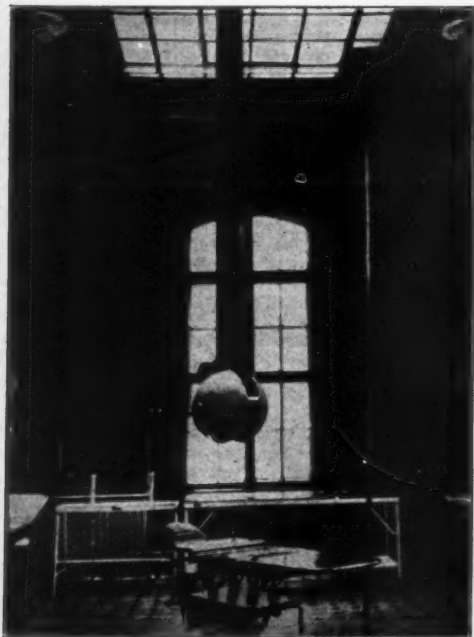
Attention has been called to the fact that there are 1,447 doctors in Florida, and nearly 3,000 have made application to be licensed by reciprocity.

Of the 1,447 doctors in Florida only 602 are members of the A. M. A.

In speaking of the advertising campaign, *The Clinic*, a medical quarterly published at Jacksonville, says in its May, 1924, issue:

"Generally when some fellow comes in advertising himself as highly respectable, we put the combination on our safe, lock the garage, hide the silver in the bed clothes, and keep one hand on the watch, and the other on the pocketbook. \* \* \*

"The high and honorable medical profession does not need to spend its money on having it bawled up and down the street in the daily press that certain 36 doctors are respectable. \* \* \* Almost everybody in the State of Florida knows it. Since everybody knows it why is it necessary to advertise it and have the gossips of the town call further attention to it?"



## Operating Under Kleilight

*By means of a new form of moving picture machine which hangs directly over the operative field, every detail of the operation can be clearly reproduced in the pictures.*

K. & H. Photos

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# Confessions of a Self Doser

By A Layman

*This is a true story related by a cultured and highly trained layman. It shows something of the hold patent medicines have on a credulous public. The moral to physicians is plain.*

THIS all started from *The Tabloid Terror*, a two-penny daily, resting on the lap of Somebody's Stenographer, who sat next to me in a street car.

She may have been a beautiful breadwinner, at that, but I did not notice her much, for my vagrant eye caught the accusing glance of a "poor sufferer," who was stooping and twisting in his agony in a welter of fine print. One hand was pressed to the middle of his spine, and the other hung against a skinny leg. From the top of his hairless dome to the toes of his Charlie Chaplin feet he was a human hunk of misery. The bags under his eyes and those in the knees of his trousers and his short pants for breath all marked him as a "Before Taker." As was he, so was I—both of us had those pains in the small of the back which the advertisement said were the unmistakable signs of Bright's Disease.

I had just returned from a long automobile tour attended by many blowouts and punctures, and the stooping and exertion incident to putting on spare tires, I now realized, had strained my poor kidneys and brought on the dread malady of which I had just read. Unless I became an "after taker," the undertaker would claim me for his own.

I stopped at the nearest place, and bought the first of many bottles of old Konman's Kinetic Kidney Compound. Within a week, the dull ache which had troubled me entirely disappeared. I was

a new man—an A1 testimonial prospect—looking for other ills to conquer. The Kompound seemed to have a pleasant, stimulating effect and I continued its use as a precaution.

It was only shortly afterwards that I began to have indigestion, headaches, depression of spirits, and vertigo. Happily, my reading of the announcements of the patent medicine manufacturers brought home to me the remarkable case of a railroad brakeman who took the advice of his mother-in-law, bought a bottle of Electric Energizer, cured his intestinal tract and put the air-brakes down hard on the stomach gas which was so greatly troubling him. His lights were now all right, and I was touched by his simple words that now "he ate good and slept wonderful." I followed his example, and took the Kompound before meals and the Energizer after eating.

For my headaches, I bought various patent remedies advertised as cures, and, as I took them frequently, experienced some relief. By taking a special tonic, which I had seen highly recommended, I was able at the same time to treat the peculiar flutterings and feelings of goneness about the vicinity of the heart. As one advances to middle age his heart is never the same as it was when he was younger, and I remedied all that by scaling the rust off my iron constitution.

A prize fighter acquaintance of mine had told me that spinach was full of iron. I had gone to him for training and had had



some dispute with him which ended in his telling me to sit on a tack, which I assumed was also a metallic prescription. A well-known philanthropist, I discovered, was advertising a remedy which contained all the good blood-making iron salts of green vegetables. One pill meant a pint of spinach, another a quart of carrots. It was folly to go to the expense of having one's own garden—so I let mine lie fallow, practically—and raised nothing but such kale as was necessary—as I am very fond of its long, verdant leaves, and had not seen it mentioned in the advertised list.

From time to time, I varied this treatment with Gimpine, a highly valuable extract made from the glands of the mule, which was highly recommended as a rejuvenator. My friends on hearing of this new treatment were pleased to observe that there was many a kick in the old boy yet.

By this time, I had gathered together one of the finest collections of remedies for self administration which I had ever seen. It overflowed the medicine closet in the bathroom, and I had to build extra shelves over the tub to accommodate it. This increase of storage space was imperative, for there were so many little twinges in my system by this time, that I had constant recourse to my private stock of medications with which I doped and deadened them.

A severe cold laid hold on me about a year ago, and I went home from the office in a more than usually depressed state. I proceeded to dose myself with Finis, which as everybody knows is a sure cure for coughs and bronchitis, and is quite moderate in price, as it can be prepared by adding it to the simplest household ingredients. My wife insisted that I call a physician, which I refused to do. As I grew steadily worse, she over ruled my objections and summoned a medical man. He found that I had had a

bad case of pneumonia for several days and just managed to save my life. He also broke me of the habit of self dosing, and what he said about disease was so clear and explicit, that I have often wondered if all physicians are as frank and outspoken as is he.

As every layman who tries to doctor himself does, I had been treating symptoms, not disease, and worse than that I had been interpreting my own symptoms, a thing which not even the most skilled physicians do when they are feeling ill. If the general public could be made to better understand the nature of pain, I feel that the whole problem of self-medication would be solved. Since my experience, I dipped into dictionaries a bit, and came to realize that pain is sensation due to over stimulation or irritation of the nerves. That feeling, however, travels to the ends of the fibres, and therefore is usually felt on the surface of the body. It is a sign that there is an accident somewhere along the line. The self doser wants to stop the trouble on the track by destroying the block signal. If his automobile is not running to suit him, he will look to the carburetor, instead of doctoring the speedometer or smashing the wind shield. When he tries to cure his headache, as I used to do, he fails to realize that heads do not ache at all. The trouble may be in his intestines, or be due to some congestion at a remote point. There are many really excellent remedies for "headache" indorsed by the medical profession, but their makers have never regarded them as curatives, but as a means of temporary relief, to be employed until the expert has determined what is really the matter.

The physician knows that pain in the back may be a sign of one of a score of derangements, and that usually it is mere muscular strain, or a touch of lumbago, and that any disease so in-

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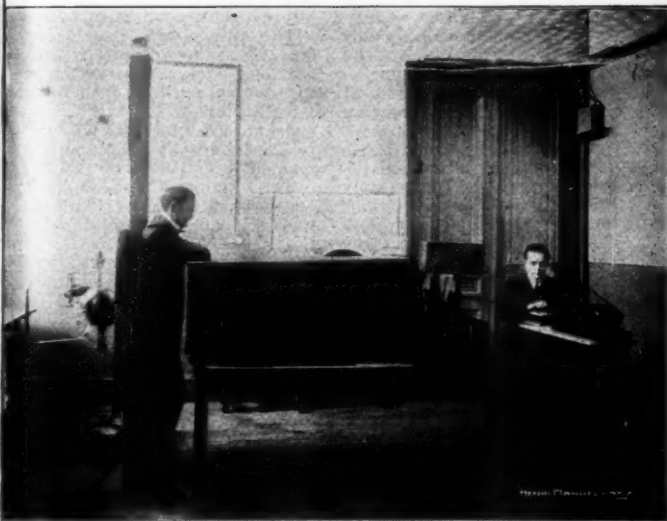
ridious as Bright's is not likely to manifest itself by a crick to earwards.

In the newspapers, I have often seen advertisements of remedies which are described as the prescriptions of physicians. Probably some of them are, and no doubt they have some value, but were again we are up against one of the greatest of fallacies—the belief that any layman can tell what is really the matter with himself. What I thought was a cold proved to be pneumonia or developed into it. There are no doubt thousands of such instances. Even the kidnapped brain child of a distinguished practitioner may be exactly the wrong agent to employ under certain conditions.

There is just as great a risk, as my own investigation has shown me, for a patient to use a prescription given for the ailment of another person, as for him to buy the nostrum of the cheapest charlatan. Here again, he sets himself up as able to diagnose his own disease. As a matter of justice, he has no more right to a prescription for which he has not paid, than he has to the advice of an architect or a lawyer given to somebody else. No intelligent layman, however, would believe that his building problem was exactly like that of his neighbor, nor that a legal difficulty in which he found himself was precisely the same in all its aspects, with that on which a friend of

(Concluded on page 48)

## Heart Throbs



A French scientist has devised a movie camera whereby with the aid of ultra violet, infra red rays it is possible to photograph the heart beats. In the picture above the patient stands at the left in front of the screen with the ultra violet rays behind. The operator is at the right.

K. & H. Photos

# When Good Fellows Get Together

*"It's always fair weather when good fellows get together."*

**S**O goes a popular song. Some of the physicians in Chicago, seeing the truth in this sentence, established the Physicians' Fellowship Club six years ago. The organizers were Drs. Ferdinand H. Pirnat and Warren Johnson. Being men who like men and particularly physicians, they set about to get together on a common basis and as a result the Physicians' Fellowship Club was organized with these objects:

1. To promote, cherish and encourage the spirit of "Fellowship" among physicians.
2. To study and discuss economic problems in medicine.
3. To assist the legislative committees of the medical societies in amending legislative bills that these bills may be satisfactory alike to the public and the physician.
4. To enlighten the members of the legislature on matters pertaining to medical practice, and by a more intimate interchange of ideas and cooperation with that body bring about an understanding that will insure intelligent action relative to the problems at hand.
5. To encourage the effort to raise the standard of medical proficiency and efficiency.

The organizers felt that many of the misunderstandings, bickerings and heartaches caused by the lack of consideration of one physician for another was due, in part at least, to the fact that physicians have very little opportunity to get together and develop that spirit of fellowship that is so much enjoyed by men in other walks of life. Their only intercourse in most cities is in the medical society, the object of which is to advance scientific

medicine.

Drs. Pirnat and Johnson therefore interested a few of their friends and secured a charter from the State of Illinois.

This club in its six years of existence has had a very decided influence in doing away with petty jealousies and the difficulties with which physicians have had to encounter heretofore. As a matter of fact, the club has become one of the most beneficial organizations in the history of Chicago medicine. Aside from this it has had a decided influence in bringing the medical profession to the attention of the general public. Its forum affords a school of instruction for legislators and for all persons who are interested in economics.

The subject of scientific medicine is never discussed by its members and at the weekly meetings which continue from October 1 until June 1, the talks and discussions are of things of interest to physicians as men and not as medical practitioners.

The Fellowship Club is governed by a board of 15 directors and the officers are chosen by the board from among its members. The president appoints standing and other committees. The cost of membership is small, the initiation fee being \$5.00 and the annual dues the same.

So potent has been the influence of the organization that it has attracted the attention of the ladies, and last year the mothers, wives, daughters and sisters of the members organized a Women's Auxiliary, which is very active and which has added materially to the work the Physicians' Fellowship Club is undertaking. The Auxiliary has affiliated itself with the Illinois Fed-

*(Concluded on page 44)*

# The Patient Who Wants to Argue About His Bill

Maxwell Droke  
Indianapolis, Ind.

**P**ERHAPS the most aggravating type of patient is that occasional specimen, the person who delights in arguing and bickering over a statement of account. Often the contentitious patient is "well-to-do," even wealthy perhaps, and endeavors to stir up an argument for the sheer pleasure of it.

Of course the physician of standing cannot afford to become involved in petty quarrels and disputes. At the same time, he is a man of spirit, with a very firm determination to stand up for his just rights. Just how to handle the contentious patient without unwarranted financial sacrifice, or the loss of professional dignity, is a very real problem. Naturally no hard and fast rules can be laid down, because each case must be handled individually, with all of the conditions, including the temperament of the patient in mind.

Here is an actual letter, which a certain physician of my acquaintance recently had occasion to write to one of the executives of a large wholesale house. Perhaps you may find it interesting as a case in point.

Dear Mr. Brown:

I was frankly surprised to receive your letter of the 16th inst., complaining of the "excessive charge" which I made in connection with the recent operation performed upon your wife.

I say this letter was a surprise to me. However, if you really feel that way about it, I certainly am glad you write me as you did.

You make the contention that the operation required less than three hours, and that the charge

of \$— is, therefore, entirely out of reason.

Permit me to point out to you a slight discrepancy in your calculation. As a matter of actual fact, the operation to which you refer, required somewhat more than twenty-seven years. That is the period of time which I spent in studying my profession, and fitting myself to successfully perform an operation in three hours. Like most other medical men, I have no source of income aside from my professional services. And I am sure you will agree that it is only fair to add a certain sum which may be credited to Experience, and that elusive thing known as "skill." Pro-rated over a period of twenty-seven years, my charge of \$— appears ridiculously small, doesn't it?

With this explanation, I am sure you will be glad to send a remittance by an early mail.

Yours sincerely,

Here is a somewhat similar letter which this same physician once had occasion to write. In this instance the patient was quite well known to the doctor, and he ventured to indulge in a little humor:

Dear Mr. Black:

Your letter of the 17th, complaining about my last monthly statement, reminds me of the story of the company that employed an expert to come over and examine a complicated engine, and determine why it wouldn't run. The expert looked over the machine for a few minutes, tapped it five times with a small hammer—

(Concluded on page 44)

# Must the Doctor Answer a Call?

## Commencement and Termination of the Relation of Physician and Patient

J. Joseph Lilly, A.M., LL.B.  
of the New York Bar  
New York

*Major Lilly herein makes the point clear that a physician need not answer a call unless he sees fit. This settles a question over which the laity has been misled by baseless rumor.*

**F**OR some unfathomable reason there is abroad a notion that because of some mysterious obligation, the physician must, when called or visited, give his professional service to whomsoever summons or waits upon him.

The same people who are possessed of this grotesque notion, have no difficulty in agreeing that the lawyer, the dentist and for that matter the plumber, endure no such restriction on their liberty; but, without hesitating long enough to realize that the physician's certificate of licensure confers a privilege without creating an office, impose, merely through ignorance, the duty of giving his services to a patient, despite his own wishes in the matter.

Borrowing the language of diagnosis, this notion is subjective and proceeds from the fear of death, against which the physician is deemed ever to be at war. Prison walls, exposed nerves and leaking pipes have not anything like the ability of an overloaded stomach to raise up visions of the Grim Reaper; and in consequence the sufferer measures the duty of the physician to make haste to relieve him, by his own real or imagined necessity and not by any relation accepted and established by him and by the physician whose service he demands.

In *Hurley v. Eddingsfield*, 156 Ind. 416, it was affirmatively held that,

"At common law, a physician may arbitrarily refuse to accept employment to attend a sick person."

The foregoing declaration as to the common law is of universal acceptance and under its authority it may safely be said that a physician may refuse to alleviate the suffering of a wounded man, writhing at his feet, despite every protest of humanity at his conduct, without incurring the slightest legal liability. The underlying principles are that the physician has the same right to select his patient, as the sufferer has to choose his doctor and that the relation of physician and patient can only originate in a contract. If the physician does not elect to contract, the relation is not established and he is under no greater duty to the sufferer than any non-professional stranger.

Once, however, the physician accepts a patient a relation to the patient is established from which the physician cannot arbitrarily discharge himself. In order that a physician may stand relieved of duty to attend upon a patient, one of three things must occur:

1. The patient must have consented to the physician's discharge;

2. The physician must have given the patient timely notice to employ another doctor in his stead;

3. The condition of the patient must be such as no longer to require medical treatment.

As to the third method of terminating the relation, the physician judges at his peril and can, under certain circumstances, be held to uncomfortable liability if his judgment was erroneous.

The dismissal of the physician by the patient forthwith terminates any relation between them and *eo instante* relieves the physician of any further duty in the case. There is also the occasion where the physician will stand relieved of further care for the patient when he makes it clear that the immediate service is all that he engages to render and

that he does not accept the case for care until a cure is accomplished.

No statute can impose it as a duty upon the physician to hold himself at the beck and call of the real or imaginary sufferer.

So long as the guarantees of life, liberty and the pursuit of happiness remain part of our organic law the physician may decline to accept a patient, precisely as the lawyer may refuse a retainer. The members of both professions remain free agents, despite the fact that the public welfare requires that they attain determined qualifications.

Neither the doctor nor the lawyer can have an obligation imposed upon him, unless he so elects.

(Concluded on page 39)

## NOT a Major Operation



(Underwood & Underwood, N. Y.)

Muscular exercises are being utilized as an adjunct to medical treatment at the New York Post Graduate Hospital. "The Daily Dozen" methods of treating disease is being employed especially as a means of building up vitality as well as for curative treatment. The picture illustrates one of the exercises used in the treatment of intestinal ptosis.



# Fitting the Whole-time Health Department Into the Medical Profession

George W. Duvall, M.D.  
Owensboro, Ky.

*Preventive medicine must travel hand in hand with general practice. As physicians better understand honest, sincere effort on the part of city and county health departments, both will profit. The author, who is director of a splendidly organized county unit, has clearly demonstrated, during the past four years, how a health department can aid the medical profession.*

**R**URAL whole-time health organizations are of recent birth. Up until 1920, even the smaller cities did not regard the essentials of public health, except from the viewpoint of the political appointment of a part-time health officer, with a small salary. This man's service was negligible in so far as the maintenance of public health was concerned.

The public was almost totally ignorant of the measures necessary for protection against the high mortality from communicable diseases; the danger of minor physical defects common during childhood; precursors of chronic diseases during adulthood, and nutrition. Since 1920, preventive medicine has made rapid progress, resulting in over two hundred whole-time health units organized in counties of various states. The public has seen that the greatest factor in community welfare and happiness is health, and is realizing that health organizations take first rank in civic progress.

In the development of this universal health consciousness, the medical profession must have full

credit. Long before definitely organized efforts to control diseases were taken, the individual physician was teaching individual families how to avoid sickness; notably typhoid fever and tuberculosis. He has fought as well as treated disease. He has been the educative health officer, striving in a very limited way to better health conditions in his environment. For the generous spirit, he has been repaid all too often, with censure, and many times vituperation. The whole-time health departments have come to relieve him of the responsibility; make his professional life more pleasant, and at the same time to bring an increase in his financial returns.

In every department of life, business, professional, educational, and agricultural, new knowledge is accumulating. The vogue of yesterday is the obsolete of today. This is especially true in the medical field. We physicians who do not utilize leisure time in study and advancement cannot hope to succeed, for the old ways are passing. Through all channels of education the public is being taught

the principles of prevention, as well as the expectation of scientific diagnosis when ill. This means that the physician must be qualified to take an intelligent stand in both the offensive and defensive avenues in the conservation of human life.

While there is still need of the old family doctor, his day is rapidly passing, for two reasons: the first due to prevention; the second to the hospitalization of the sick. Preventive medicine and hospitals have taken his place. There are natural laws of adjustment which will account for the coincidence of preventive medicine and the high standardization of curative medicine. Such a law cannot be abrogated. Physicians will have to accept, without complaint, that which is inevitable.

Preventive medicine and curative medicine should go hand in hand. The all important factor, in so far as a whole-time health department will become either an asset or a liability to the physicians of a community, depends on the training and spirit of its head—the health officer. The health officer who carries a thermometer, hypodermic syringe, or who has need of narcotic and whiskey prescription blanks, is clearly out of his field. He has need of a stethoscope, but for indigents only. He has need of the bacteriological laboratory in his office, but not from the standpoint of diagnosis, unless called upon by the physicians. He is in the field of free clinics, but they must be conducted so that they will not reflect discredit in the minds of the men of the profession.

The whole-time health officer is a public servant whose work is educational, with the power to enforce health laws and regulations, and who, while not subservient, assists physicians in maintaining personal and public hygiene, isolation and quarantine.

To one who has seen both sides, with fourteen years' experience in private practice and four years as a whole-time health officer, it is

believed that it can be safely stated: *that the practitioner will not be hurt by a whole-time health department, if he will, as many have done, recognize the trend of modern thought, keeping abreast of the times.*

In the smaller cities affording daily newspapers a great deal of publicity is given the health departments. If there is an afternoon as well as a morning paper, each one assigns a reporter, who calls each day for items of news interest and feature stories. Covering a period of four years, four large scrap books were filled with clippings, taken from two newspapers, concerning the local health department's activities. All questions of local interest relating to public health have been discussed, such as sanitation, rats, typhoid fever, tuberculosis, eruptive diseases, water, milk, nutrition, physical defects, venereal diseases, isolation, quarantine and what not. This matter has aroused widespread interest in public health problems, creating, of course, a great deal of thought. Physicians did not like all this publicity at the beginning, but after four years they have found, that it was not only beneficial to the public, but was of great benefit to them also.

During the four-year campaign, the physicians adjusted themselves to the new medical thought being drilled into the mind of the public by the health department. The medical societies took on new life and men of prominence from various cities and medical centres were invited to appear on society programs, with technical subjects for discussions. To some of these meetings the public has been invited, where it could get first-hand information on the prevention and treatment of cancer and other complicated conditions. These meetings have built up a warm regard for the local doctors.

Nor has that been all the benefit derived from the increased preventive and medical activities in the community. A number of physicians have specialized, giving up



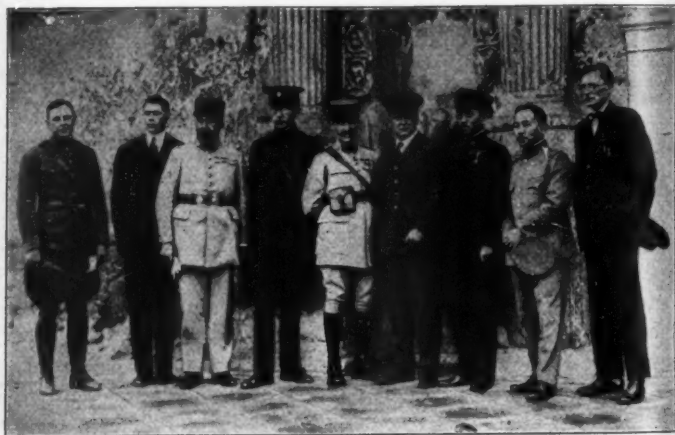
general practice, leaving that field to the few general practitioners who desired to remain in that work. This has all served to systematize the profession, each doctor following his natural inclination in those things he likes to do best, such as X-ray, radium, obstetrics, diseases of children and other special work. This all means better financial returns, as fees have gone up, with more regular hours and leisure time for study and recreation. The best thing that has accrued, however, has been the continuous promotion of professional co-operation and a brotherly spirit.

In any of the affairs of life, whether individual or collective, failure is sure, without system. When the medical profession adopts as its chief working tools,

system and harmony, advancing step by step with the science as it progresses, murmuring and discord will cease, being displaced by prosperity and happiness.

The nursing staff of the local department, consisting of three, have rendered valuable assistance to the local profession by relieving it of a myriad of little details which they are able to do on the daily rounds of their routine. Collecting laboratory specimens, such as blood for counts, Wassermann, Widal, malaria and throat swabs for diphtheria diagnosis, are done for the physicians, by them, along with the collecting of catheterized urine from females when the physician desires an uncontaminated specimen for urinalysis, and advising poor mothers in the care of sick children and food for-

## A Study in Military and Naval Surgeons



*Army and Navy surgeons from various countries who attended the recent convention of military surgeons in San Antonio. Reading from left to right these surgeons represent, respectively, United States, Venezuela, France, Czecho-Slovakia, France, England, Japan, Porto Rico, Canada.*

P. & A. Photos



mulae.

They help the doctors in prenatal and postnatal cases. Physicians have found that the public health nurses of the whole-time health departments are in position to relieve them of the many tedious details that require time and patience in the rounds of the active practitioner and that they are always ready and willing to do anything that will lift such burdens from his shoulders.

The physicians of the Daviess County and Owensboro City Medical Societies have seen the new light. They have adjusted themselves to it, and are fully satisfied with the Daviess County Department of Health.

The cost of a whole-time health department is not great. The Daviess County Department of Health has a staff of seven members: director, three public health nurses, laboratory technician, sanitary supervisor and clerk. It operates for a population of fifty thousand on an annual appropriation of approximately fifteen thousand dollars, or about 33 1-3 cents

per capita. The members of the two medical societies contributed six hundred dollars for the laboratory equipment connected with the department and the local Red Cross Chapter supplies the salary for the laboratory technician, which is fifteen hundred dollars a year. This arrangement gives free laboratory service, both to the physicians and the public of the city and county. Last year over four thousand laboratory analyses were made, mostly for the doctors and quarantine releases for the department. The public has learned the use of the laboratory in bettering the milk and water supplies. This last item is reflected in the big decrease in typhoid fever morbidity during the last four years.

The relationship between the medical profession and whole-time health departments, when mutual, renders a great benefit to a community, by reducing mortality and while doing so, uplifts the profession, placing it eminently in the mind of the public as an institution, unselfish in character, and a power for good.

## Look at Their Teeth

When a horseman is examining a horse, he always pulls out the animal's tongue and looks at his teeth. This is for the purpose of ascertaining his age and whether or not his grinders are in good condition.

A well-known Illinois physician writes *MEDICAL ECONOMICS* that he examines the teeth of his patients, but for a very different purpose.

His idea is not to see if patients can eat, but if they can pay their bills. He says that during the course of his internal examinations of patients he takes a very good look at their teeth.

His reason is that many years of experience have taught him that if a patient shows the results of considerable good dental work, he will as a rule pay his physician's fees.

Moral—look in your patient's mouth before you determine upon his credit.

## Fee Splitting

"Fee splitting," says Dr. Franklin H. Martin, director-general of the College of Surgeons, "is practiced all over this country. A dishonest physician finds a person ailing, takes the patient to a surgeon who operates and gives the practitioner a third or a fourth of the fee for his part in the transaction.

"Fee splitting is a menace, not only to the medical profession, but to the public health. Operations that are not necessary have been performed through it, with the consequence that patients often are permanently maimed. The American College of Surgeons is making its biggest fight on this thing. All the college members are pledged specifically never to split fees. Under the system the best surgeon does not get the patient, but the one who pays the highest price."

## Your Fee

**D**OES your County Society indicate your maximum and specify your minimum charge for service rendered? Do you live up to a fee list?

We have heard considerable conversation on this topic since the fee list of the Medical Society of the District of Columbia was published in the daily press.

Editorial comment in the newspapers on the Washington fee list has varied, but generally indicates a depreciation of fee lists as being misleading and putting the physician in a false light. A doctor's time and ability is compensatable; he knows the time spent and his valuation of his services. To this must be added expenses incurred in rendering his service.

If time and ability equals the physician's earning capacity and he is economical of time and earnest in the exercise of his ability, his fee would appear to be a fixed per hour rate for time, plus a variable charge for service, plus the expense to him in rendering that service. Thus it should be possible to render a bill that means a square deal to all, thus making a fee list unnecessary. The County Society might well indicate its idea of a reasonable time rate and say what it considers an exorbitant charge for ability.

Fee lists are designed for the protection of patient and physician. Too often they look like the price list of a chain store clothing concern. A simple statement of the factors entering into the make-up of the fee would protect both laity and profession from the medical profiteer who is occasionally found among us.

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## Waiting Room Literature

"While looking over some medical journals in my doctor's waiting room, I saw your medicine for high blood pressure mentioned. Send enough for a woman of 54, who has headaches at times."

**S**O wrote a woman to a well-known pharmaceutical house a few weeks ago.

The head of the firm very properly advised her of

the dangers of self-medication and insisted that she depend upon the judgment of her physician.

"Why do physicians object to direct advertising to the laity," said the president of the house in question to MEDICAL ECONOMICS, "and still allow their patients to get a little knowledge, which is always dangerous, by leaving medical journals in their waiting rooms for perusal by patients?"

The point is well taken and his objection is sustained.

A medical publication, intended only for physicians, should not be allowed in the hands of hoi polloi. The average layman cannot properly interpret articles in professional publications and he should not be subjected to the temptation.

The American Medical Association, anticipating the need for a journal of health which would appeal to the lay mind, not long ago brought out *Hygeia*, an excellent medium for the discussion of affairs medical in a language which the laity understands.

Under the efficient editorship of Dean John M. Dodson of Rush Medical College, *Hygeia* is the *One* medical magazine that should be in the waiting room of every physician. Its articles can properly be absorbed by lay readers and if they will profit by the lessons taught in its pages, the public, as well as the profession, will be the gainers.

By all means, keep medical journals in the consultation room, and let *Hygeia* promulgate its message through the medium of the waiting room.

## Team Work Pays

FULL service to the patient calls for team work. The captain is the doctor. No team is any more worthwhile than its constituent members. The nurse, the social worker, the laboratory expert, the specialist, the pharmacist, the physiotherapist, and others may one or all constitute the team which the physician directs.

Believing that a consistent course of continuous effort is effective, we are mentioning another of the pamphlets

## Editorials—December, 1924

being sent out by the Medical Society of the County of Kings to all the physicians in the Borough of Brooklyn. In this instance the Society is inviting the attention of the profession to the close relationship which should exist between the doctor and the public health nurse.

The outstanding feature of the procedure in Kings County is that the Brooklyn Visiting Nurse Association presented to the Medical Society of the County of Kings a request for participation in the preparation and distribution of the standing orders under which a properly functioning visiting nurse organization works.

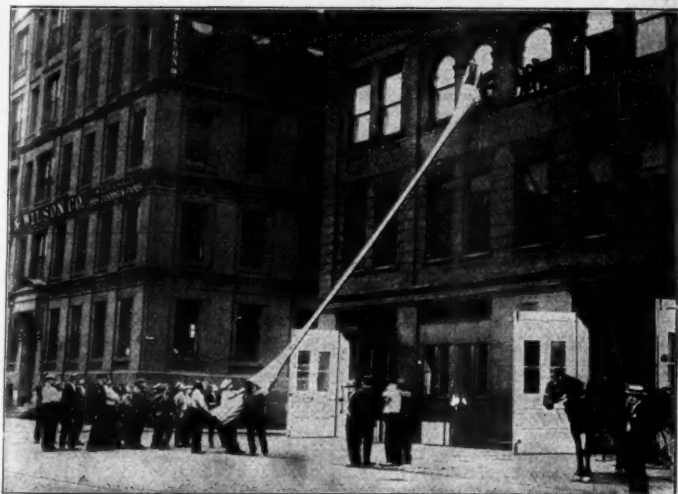
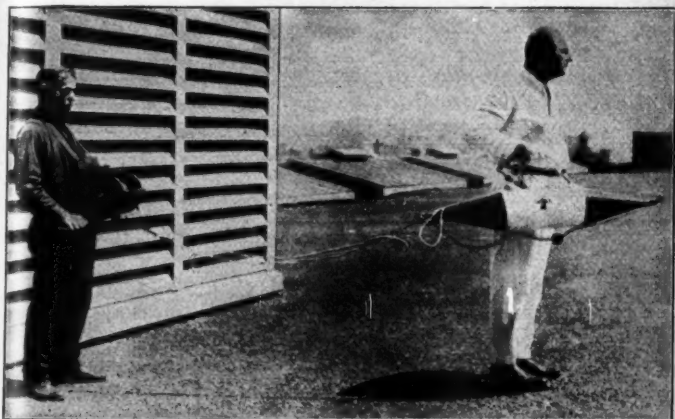
The Society appointed a sub-committee to correct, rewrite and otherwise assist in the preparation of the standing orders for the visiting nurses. There are many problems upon which nurses desire to confer with the medical profession and the action of the Medical Society of the County of Kings in appointing a committee to make such conference possible would seem well worth consideration by every county medical society in these United States.

Every physician must at some time or another have direct or indirect contact with a public health nurse. Every public health nurse should belong to the National Organization for Public Health Nursing. If she does she reads the organization's monthly journal, *The Public Health Nurse*.

Every physician should belong to his county medical society. The public health nurse working in the county and the doctors in the county society should get together on this subject, the sooner the better for the patient.

Economically, it would seem to offer medical practitioners an opportunity to meet the problem of trained medical attention in those innumerable instances when hourly nursing or occasional nursing is all that the patient requires. Thus, there should be left in the exchequer of the patient something for the physician's fee, because all the patient's savings need not be expended uselessly for unnecessary full time nursing.

## Physicians Are Not the Only Life Savers



**Preserving life against the dangers of fire and water is further facilitated by these two innovations. The life line includes a buoy, 1,000 feet of rope and a small reel. It is controlled from the shore. The fire net is a silken chute in a heavy netting. The fire-trapped victim goes into it head first.**

K. & H. Photos

# One More Attachment to Hold the Inquiring Patient

LeGrand Kerr, M.D., F.A.C.P.

Brooklyn, N. Y.

*Psychology plays an important part in medical practice. Educational captions have demonstrated their great value in the work of one of America's best known pediatricists.*

LAYMEN are seeking knowledge in regard to medical problems but they seem to be seeking it in the easiest way. Lay journals and the press in general have recognized this so that now it is the common experience to read all kinds of medical articles written by all sorts of authors, but always in attractive form.

Many years' experience has taught me that the laity will seek this knowledge from some source. But the mothers of my little patients would rather have that knowledge come from this office than from any other source. This would be the repeated experience of others; your patient wants the instruction: they seek it from you first of all, but failing in that will seek it elsewhere.

Very often the patient needs particular instruction which he or she does not seek until some suggestion is made. To meet this increasing class of inquirers, several years ago I instituted in this office a series of "instruction blanks," made probably as many had been made before, but with the addition of a caption.

The purpose of the caption was by suggestion to create an interest in some medical or health problem that had to do with my particular work. These are not printed haphazard after they are thought out, but are planned so that a sequence may be followed for any individual mother, or each

one may be used to meet a particular need at a particular time.

For illustration: there follows ten of the captions, these being printed in the upper right-hand corner of the instruction blank:

1. A normal, healthy childhood is the best life insurance any adult can acquire.
2. The certain thing about health is its uncertainty: guard it.
3. Do not let your good intention suffer by inattention.
4. The malnourished child may make the pessimistic adult.
5. "They say" harms more children than it helps.
6. Children do not outgrow disease; they must be helped.
7. Teething is a natural process; it may cause discomfort; never disease.
8. What helps a neighbor's child may harm yours.
9. Diet is often more important than medicine.
10. No two babies are alike; then, why not treat them as individuals?

These are used as follows: Each set is filed separately and given an arbitrary number. If the examination of the child reveals no special need of particular instruction of the mother at that visit, the instructions are typed on blank number one. On subsequent visits the blanks are used consecutively unless there are reasons for doing otherwise. A

(Concluded on page 30)



*A Nestlé's Milk  
Food Baby*

**A Safe Food For Baby—**

# **Nestlé's Milk Food**

***A Full Size Package will be Mailed to  
any Physician using this Coupon***

**Nestlé's Food Co.,  
Nestlé Bldg., New York.**

M. E.-12-24

**Gentlemen:**

**You may send me, without charge, a full size package  
of Nestlé's Milk Food for a thorough clinical trial.**

**Name** .....

**Address** .....

**Druggist** .....

.....



record is placed on the history card of what number blank was used. If there is need for special instruction, the number is picked that best suits the immediate need.

For illustration, if it seems prominent in the mother's mind that the teeth are causing the trouble, blank number seven is given at that visit, whether it be the first or a re-visit. What is the practical result? Away from the excitement of an office, the mother reads the caption and thinks about it.

How do I know this?

Because in most instances, the caption is referred to at the next visit and further knowledge is asked for. Knowledge sought is more lasting than knowledge forced or even offered. This selection of captions will not be entirely suited to another's work. It is merely offered at the request of the editor of MEDICAL ECONOMICS as illustrating one method by which we can secure more co-

operation from our patients and help to hold them by instructing them.

A few hours' thought would suggest to most men a set of captions that would be suited to their special needs. The slight extra cost of printing has, in my experience, been more than compensated for in satisfied patients and satisfied patients pay.

LEGRAND KERR, M. D.

Four Sixty-two Clinton Avenue  
Brooklyn, New York

October 15, 1924.

*Suggestions for the diet and care of JOHN REYNOLDS, JR.*

*To be continued until November first (telephone for an appointment)*

Use the whole quart of milk (Certified-Raw).

Add to this, ten ounces of COLD Barley water and one level table-spoonful of granulated sugar.

Offer seven ounces of this formula every three hours.

Keep John in the open air as much as possible between the hours of 8 a. m. and 4 p. m.

## Progress in Preclinical Medicine

**I**N recent issue MEDICAL ECONOMICS carried a news item and an editorial describing the inauguration of a scheme for health examinations by the Medical Society of the County of Kings and quoted from the circular sent to the 2,500 physicians of the Borough of Brooklyn, New York City—which is Kings County.

So many requests have been received asking for more information that we have asked for more news to pass on to the great number of our 100,000 readers who are interested in promoting the health of their constituents by following the steps of the Kings County development in preclinical medicine.

Nearly one hundred members of the society were given personal physical examinations by experts. The findings show that they rate higher than any other similar age

and sex group for which reliable figures are available.

The society will issue a report on its experience which will be a valuable guide to any individual physician or medical society interested in the furthering pre-clinical medical practice.

A supply of history-examination forms was sent every physician in Brooklyn. Additional copies of the forms are sent in exchange for reports of examination findings from physicians in Brooklyn. They are also supplied at cost. There are blanks for children as well as adults.

The A. M. A. blank for adults is not quite the same, although both are similar in arrangement and simplicity.

MEDICAL ECONOMICS would like to receive *your* form, as it is planning to discuss health examination records in an early issue.



"A woman physician has examined over fifteen hundred women. Her examinations brought to light the alarming increases of High Blood Pressure in many women between 30-40 years of age. In seeking to discover the cause of this increase, it was found that women never did any walking to speak of. If this condition increases in the same ratio, it won't be many years before we will have many semi-invalids.

How much better to nip this trouble  
in the bud now, by learning how  
to 'walk again.'"

A. S. C., M. D.

One reason why walking for pleasure has become unpopular, is the failure to wear properly fitting and comfortable Shoes. Many shoes act as a splint, bind the foot muscles and ligaments, and favor edema, cramps, aching soreness, neuralgia and what is often diagnosed as rheumatism of the feet.

The Cantilever Shoe is correctly designed and properly made. It has a flexible shank which is the first requisite for a proper shoe. It has a straight inner border. It has ample toe room and a broad moderately high heel. It makes walking easy, a natural pleasure. The Cantilever Shoe forces the feet to exercise. It should be worn by those whose feet are normal and by sufferers from weak foot.

***There is a Cantilever Shoe Shop in Nearly Every City***

***Send for booklet, "Understand the Understanding,"  
written especially for physicians***

MORSE & BURT CO.,  
412 Willoughby Ave.,  
Brooklyn, N. Y.

Send me booklet, "Understand the Understanding."

.....M. D.

.....St.

....., 1924 ..... City .....State

## This Month's Free Literature

The brief paragraphs on this page are designed to keep busy physicians informed about useful literature and samples offered by manufacturers of instruments, appliances and pharmaceutical products. Our readers are requested to mention "Medical Economics" when writing the manufacturer for this literature.

"Your Prestige and Profit" is the title of an 8-page booklet telling why a product called Eczol should be prescribed by physicians. Copies sent on request by CARROLL DUNHAM SMITH PHAR. CO., 317 East 34th St., New York, N. Y.

"The Successful Treatment of Goffier"—a 16-page booklet devoted to the subject indicated. An interesting feature is a table containing the Iodine Content of Various Foods. Copies will be sent on request to BURNHAM SOLUBLE IODINE CO., Auburndale, Mass.

A 36-page booklet giving the history, illustrating and describing the manufacture, and containing an analysis of the content and suggestions for the use of "Pluto Water," will be sent on request to the FRENCH LICK SPRINGS HOTEL, French Lick, Ind.

An interesting imaginary dialogue between the doctor and his patient is published by MORSE & BURT, 412 Willoughby Ave., Brooklyn, N. Y., under the title "When the Diagnosis and the Treatment is Shoes." Copies will be sent on request to MORSE & BURT.

"Local Inflammation and Its Rational Treatment," a 16-page booklet of very readable character. It presents a strong argument in favor of the dielectric treatment through the empirical use of a harmless, insoluble, undecomposable, deionized fluid. On request to the DIONOL COMPANY, 825 West Elizabeth St., Detroit, Mich.

"Dietetically Correct Recipes for Diabetes and Other Diseases," a 32-page booklet for physicians,

containing a variety of tested recipes for patients suffering from Diabetes, Nephritis, High Blood Pressure, Gastritis, Gastro-Intestinal, Fevers, Constipation and Obesity. Copies will be sent on request by the KNOX GELATINE CO., Johnstown, N. Y.

"Ichthyol, Its Use in Skin Diseases and in Minor Surgery," is the title of a very comprehensive book of 96 pages, the purpose of which is to bring together in brief and concise form the most recent information from authoritative sources regarding the use of Ichthyol. It includes a classification of skin diseases by Dr. Henry W. Stelwagon, and complete bibliography showing sources of all information. Copies sent on request to MERCK & Co., Barclay St., New York, N. Y.

A four-page circular entitled "Reargon" completely describes a new product of the same name, for the treatment of Gonorrhea. Copies will be sent on request to the C. P. CHEMICAL & DRUG CO., 100 E. 45th St., New York City.

W. D. ALLISON COMPANY, 905 North Albama St., Indianapolis, Ind., have issued a 16-page bulletin illustrating and describing Physicians' office furniture. Copies will be sent on request. Ask for Bulletin A-1.

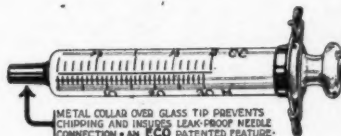
THE CILKLOID CO., Marshalltown, Iowa, have recently published a four-page leaflet, outlining the various successful ways in which Cilkloid tissue can be used to advantage. This leaflet and a 3"x5"

(Continued on page 34)

# Start the Year Right!



PATENTED ECO NEEDLE CONTAINED - PROTECTS NEEDLES FROM DUST, DIRT OR DAMAGE AND MAKES STERILIZATION VERY EASY • • •



METAL COLLAR OVER GLASS TIP PREVENTS CHIPPING AND INSURES LEAK-PROOF NEEDLE CONNECTION • AN ECO PATENTED FEATURE •

## Use ECO Products!

Your need of hypodermic syringes and needles is frequently urgent. Much depends on good quality. We, therefore, offer the following assortment:

1 only ECO 5cc Syringe	\$2.00
1 " ECO 2cc "	1.25
1 doz. ECO Needles	1.75
	<hr/>
	\$5.00

**Introductory offer price \$4.00**

### *This Coupon is for Your Convenience*

You may send me today a 5cc and a 2cc ECO Metal Tip Syringe and 1 Doz. ECO Needles, (average hypodermic size), at special price of \$4.00

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Check Enclosed.....Send Parcels Post C. O. D.....

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**EISELE & CO., Nashville, Tenn.**



## THERMOLITE for INFECTION

Before suppuration starts, by increasing the local phagocytosis, Radiant Light and Heat lead to the destruction of pyogenic bacteria and the prevention of pus. Applied after pus is evacuated they hasten recovery by preventing new pus formation. Radiant Light and Heat, the effective remedies of Nature, are most efficiently made use of by

### **Thermolite** Radiant Light and Heat Applicator

Its rays are parallel, therefore they have maximum penetration. There is no focal spot to burn or blister, even in prolonged applications. Thermolite is scientifically designed and well made. Used in Government hospitals, clinics of large industrial organizations, and in private practice for treating:

Colds  
Eczema  
Erysipelas  
Female Complaints  
Lumbago  
Neuritis  
Rheumatism  
Sprains  
and many other ills.



Illustration shows Office Applicator No. 0670, 12" diameter, with stand, at \$30. No. 0645, Hand Applicator, has same design, 8" diameter, without stand, at \$10. Folding stand for No. 0645, \$6.00. Genuine Thermolites are branded—Look for the name on top of applicator. It is your guarantee of satisfaction.

Write for literature on Radiant  
Light and Heat

H. G. McFADDIN & CO.

4... Warren Street

New York

Makers of Lighting Devices for 50 Years

## This Month's Free Literature

(Continued from page 32)

booklet of samples will be sent on request to any interested physician.

Whether physicians believe in miracles or not, there are many things happening these days which cannot be brushed aside by mere scepticism. In the November issue of "*The Bloodless Phlebologist*" are some authenticated incidents worth reading. Cases related of the blind who were made to see, and of the deaf who were made to hear, by a bolt of lightning, seem miraculous to say the least. If you have not received your copy of this little journal, notify the DENVER CHEMICAL MFG. Co., 20 Grand St., New York, N. Y.

"A Physician's Manual of Vaccine Therapy" has been published by the Bacteriological Laboratories of G. H. SHERMAN, M. D., Detroit, Mich. It contains 160 pages of concise and comprehensive material and data pertaining to the explanation of Bacterial Vaccine Therapy in the prophylaxis and treatment of infectious disease. Copies will be sent on request.

"The Therapeutics of Radiant Light and Heat" is the title of a 16-page booklet containing a great deal of information on that subject in very condensed form. It consists of reprints of articles by several prominent physicians. Copies may be obtained by writing THE J. SKLAR MFG. Co., 133 Floyd St., Brooklyn, N. Y.

"Administering Chlorine Gas" is the title of a folder issued by the SCIENTIFIC APPARATUS COMPANY, 17 W. 60th St., N. Y. C. It discusses the Chlorine Gas treatment, describes the Chlorinometer and contains a history of the use of Chlorine Gas as a Therapeutic Agent.

"Camouflaging Distasteful Drugs" is the title of a very hand-

somely illustrated booklet. The purpose of the booklet is to acquaint physicians with the source of the drugs they are prescribing. No effort has been spared to present a treatise, interesting from the standpoint of good reading and history and botanically accurate. Illustrations are all full color and of unusual beauty and accuracy. Copies will be sent on request to REED & CARRICK, Jersey City, N. J.

"Vaccination Against Small-pox" has been issued by LEDERLE ANTITOXIN LABORATORIES, 511 5th Ave., N. Y. C. It contains information on the history of vaccination; calls attention to the increasing virulence of Smallpox and illustrates and describes the Lederle method of manufacturing vaccine. Copies on request.

A hearty laugh stirs up the blood, expands the chest, sweeps away the cobwebs from the brain and electrifies the whole system.

## Phosphorcin

### Your Debilitated Patients

need the best food, good hygiene and a reconstructive tonic to fortify them against winter diseases.

PHOSPHORCIN, a combination of the glycerophosphates with nux vomica and lactated pepsin without sugar or alcohol, has no superior as a reconstructive. It aids the digestion and may be given for a prolonged period. The dose is two teaspoonfuls in water after food.

**Sample on Request.**

**EIMER & AMEND**

Third Avenue and 18th Street, New York



## Physicians tell us:

*That in all cases of hyper-secretion from the genito-urinary mucous membranes, Listerine, alone or with the addition of astringents or medicaments, serves a most useful purpose.*

*Enclosed with every bottle of Listerine, there is a circular discussing in detail the many uses of this product. We believe you will be interested in giving this circular a careful reading.*

## LISTERINE

—the safe antiseptic

Made by

**Lambert Pharmacal  
Company**

NEW YORK ST. LOUIS  
TORONTO PARIS LONDON  
MADRID MEXICO CITY

Also makers of Listerine Tooth  
Paste, Listerine Throat Tablets  
and Listerine Dermatic Soap

## Financial Department

*The purpose of this column is to provide the physician-investor with reliable investment information and to help him in choosing sound securities that meet his requirements. Each month we will review briefly the financial situation and outlook and answer several questions of general interest on investment.*

THE sixteen million voters who cast their ballots for Mr. Coolidge in November got what they wanted. As the election showed the average citizen's fear of radicalism was more intense than had been generally supposed—even by the conservatives. The election has therefore contributed very substantially to confidence in the future as the buoyancy and activity of the various markets has since conclusively demonstrated. The business outlook is thus very favorable with the four factors essential to any sustained period of prosperity all present, i. e., increasing industrial production, good agricultural prices, expanding exports and easy money. Another element of genuine importance must also be

reckoned with, and that is the highly favorable business sentiment prevailing. People are talking prosperity, they are reading about better times in the newspapers and the recent boom in stock values, an highly optimistic omen, has been thoroughly advertised from one end of the country to another. All of this is certain to have its effect, for business often hinges on the state of mind.

The rise in the value of the railroad shares was particularly significant, indicating a renewed confidence on the part of the public in this, the nation's largest business organization. Another sign of the times is the gradual awakening of

the iron and steel trade. This industry is universally regarded as in some sort a barometer. The output of steel is increasing. The tendency of iron and steel prices is upward. This great industry has been through the doldrums and is now ready for a conservative expansion and a return of prosperity. The bulk of the current demand for steel continues to come from the railroads. During recent weeks the roads have been making new records in the move-

*Upon request, information concerning investments will be furnished to readers of MEDICAL ECONOMICS. We will not answer questions regarding purely speculative issues. Address all inquiries enclosing a stamped envelope to the Financial Editor, MEDICAL ECONOMICS, 256 Broadway, New York, N. Y.*

ment of freight. They now note the probability that an extended period of industrial and trade activity lies ahead, and the election has relieved their apprehension concerning hostile legislation. They see prospects of better times ahead for themselves and they are busily pre-

paring for them by ordering rails and equipment.

Taking industries of the country as a whole the outlook warrants the new spirit of confidence. A gradual improvement in retail business began about three months ago. But for the prolonged warm weather it would no doubt have made more progress. Wheat exports to European ports have been on an extraordinarily large scale and prospects point to a larger demand from that quarter later on. The textile industries report greater activity, particularly in silks and woollens. Higher prices for grain and live stock have stimulated the demand for agricultural

implements and machinery. The consensus of opinion among most business men is that we have entered upon a definite long-time swing of improving business.

A word in closing as to the outlook for bond prices. As the results of the national election were decidedly favorable to business further expansion of industrial activity is in order. Such demands

will necessarily be accompanied by greater demands for capital. These demands are already being felt in the money markets and it is our opinion that an early decline in the bond market is extremely probable. An exchange now from long-term investment bonds to high grade short-term maturities will prove decidedly advantageous.

### Financial Questions and Answers

#### A Conservative Investor

**QUESTION:** I am the owner of a Norway 6 per cent. bond, due 1943, and an American Telephone and Telegraph 5, due 1956, and am desirous of investing another \$1,000 in a good bond. I will appreciate your advice. I am not seeking anything speculative, but wish securities paying about 5 to 6 per cent. What do you recommend? Also kindly state whether you consider my present holdings safe investments.

T. N.

**ANSWER:** Your investment is in securities that we believe exactly fit your needs. An appropriate addition thereto may be selected between New York Central ref. and impt. 5s 2013 and New York, Chicago & St. Louis ref. 5½s due 1974. These two are equally desirable.

#### Holds Great Northern Preferred

**QUESTION:** Would you be kind enough to let me have your opinion and criticism of my small investment. I am one of those



## FOR 1925—RESOLVE TO INVEST SENSIBLY

If you have ever been "stung" on an investment, resolve right now to put your money next year into a security that has never caused any investor to lose a dollar. If you have ever been lured by the promise of big returns, resolve to content yourself with 7%, which you can safely get on the highest grade of first mortgage security.

In short, buy Miller First Mortgage Bonds—an ideal physician's investment because of their safety record, their liberal rate, and their freedom from worry. Write today for Folder B-4512, describing the Four Distinguishing Marks of Miller Bonds.

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**No Investor Ever Lost a Dollar in Miller Bonds**



# The Food for Growth



*Contains*  
Red Bone Marrow, Marrow  
Fat, Malt Extract, Eggs,  
Lemon Juice and Salts of  
Lime and Iron

The marked improvement  
in growth and development  
that follow the administration  
of Virol is due to:

*Its wealth of Vitamins in their  
active state.*

*Its well balanced nature.*

*The ease with which it is  
assimilated in the most weakened  
and debilitated conditions of the  
intestinal tract.*

## VIROL

is a great aid to the physician  
in Rickets, Anaemia, Maras-  
mus, all Wasting conditions,  
and for Expectant and Nursing  
Mothers.

Sole Agents for U. S. A.  
**GEO. C. COOK & CO., Inc.**  
59 Bank St., New York

*Write to-day for  
sample and literature*

Name.....  
Address.....

obliged to work along on a fairly small salary. Recently I was able to save and buy 10 shares of Great Northern preferred. I paid 60 for the stock. What do you think of the soundness of this road?

H. B. P.

ANSWER: We do not consider that you are assuming too great a risk in holding Great Northern shares if you are not dependent upon income therefrom. A small salaried man would be using better judgment, however, if his funds were placed in higher grade securities.

### Illinois Central Best

QUESTION: I would appreciate very much to have your opinion regarding the following stocks: Which do you consider the best to buy for an investment? I have been advised to buy Illinois Central preferred, that it was convertible into the common stock at any time and that it is now paying 7 per cent., Illinois Central preferred; New York, Chicago & St. Louis 6 per cent.; Brooklyn Edison; American Smelting preferred, Inland Steel preferred; American Steel Foundries preferred. Thank you very much.

R. H.

ANSWER: Illinois Central preferred stock is unquestionably the best of these stocks. It is, as you say, convertible into common stock, share for share. You do not state the amount you have available for investment or how many of the stocks you can afford to buy at this time. There is so little to choose between any of the other stocks that we will leave the election to you.

Financial independence and leadership came first from savings, then from knowing how properly to invest those savings. Almost any one can save, but few know how to invest. Too many people who devote the greater part of a lifetime in preparation for their own work think that no preparation is needed in investing. Sound principles of financing should be mastered. They should learn when fundamental conditions suggest long time financing, and when borrowing should be for only a short time ahead.—R. W. Babson.



## Must the Doctor Call?

(Concluded from page 19)

The following may be stated to be the rules which govern the initiation and termination of the relation of physician and patient:

1. The physician is under no legal obligation to accept and care for a patient no matter how grievous the necessity of the patient may be;

2. If the physician accept the patient, only for temporary care, as e. g., where he gives immediate treatment to the sufferer from an accident, he should make it clear that further treatment will have to be given by another physician;

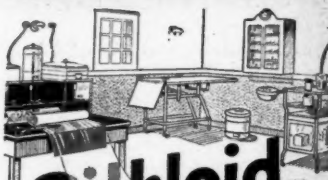
3. The patient may discharge the physician at any time, and from the moment of the discharge the physician is relieved of all liability for future care or treatment;

4. The physician and the patient may agree to terminate his employment;

5. The physician may of his sole election terminate his employment provided timely notice, according to the particular circumstances of the case, be given to the patient to procure another doctor.

6. When the condition of the patient is such that further medical attention is no longer necessary, the physician may discontinue his services, but should, of course, so advise the patient.

Success isn't a fixed point which you reach and then rest forever afterward. It is merely getting some things done and using them as fulcrums from which to employ the power you have developed and the resources you have acquired in order that you may do bigger and better things. The reward of success is not idleness; it is the knowledge and power and opportunity to do bigger things. The road does not get easier as you progress and the tasks lighter. Unless you slack down, the tasks get bigger and your absorption in them more complete.—*Dental Digest.*



# Cilkloid

## Surgical Dressing

Both Perforated and Impervious forms considered essential by those that have tried the "Cilkloid."

Supplied by all Instrument and Supply Houses.

Literature and Samples on Request

**The Cilkloid Company**  
Marshalltown, Iowa

## Test This Product At Our Expense

Because we are convinced we have the ideal form of iodine for internal use, we want every doctor to make a test of

# IODOTONE

in his practice. It may be given for a long time without causing gastric irritation and it seldom produces iodism.

## EIMER & AMEND

207 THIRD AVE., NEW YORK

Send This Coupon for a Sample

Name .....

Street .....

City .....

# Current Literature for Investors

The booklets listed below contain investment information relating to bonds. Check the booklet or booklets desired and send page to Financial Department, "Medical Economics."

**"My Investment Banker"**—Is an interesting booklet discussing the functions of the investment banker, the relationship of the banker to the borrowing corporation and the investor and some helpful suggestions to those seeking a reliable and experienced investment organization.

**"Earning Power of the Alabama Great Southern Railroad Company"**—The valuable equities behind the stocks of this subsidiary of the Southern Railway System are carefully analyzed in this comprehensive pamphlet. In the light of the remarkable industrial development of the South during recent years it should be of interest to many investors.

**"The Heart of the Straus Plan"**—A booklet describing in detail the basic principles on which a successful real estate mortgage house handles its lending operations.

**"The Importance of Safety"**—Is an interesting booklet describing the methods employed by one real estate mortgage house to insure the safety of their bond offerings.

**"Answers to Questions Frequently Asked Regarding First Mortgage Certificates"**—A pamphlet which clears up many questions regarding guaranteed mortgage bonds.

**"Bonds—Questions Answered—Terms Defined"**—An interesting reference book intended primarily for the inexperienced bond buyer but of interest to all who appreciate the merits of bonds as investments.

**"The Vogue of Real Estate Bonds"**—In this booklet real estate mortgage houses and their policies are frankly discussed. Questions regarding the marketability, equities and guarantees behind real estate bonds are taken up in detail.

**"Strong Box Investments"**—A genuinely interesting little book, a sort of an investment primer which should be of real interest to the experienced as well as the inexperienced investor.

**"How to Select Safe Bonds"**—One of the oldest and most suc-

## ASPIRIN TABLETS Flavored and Colored ORANGE

Each Tablet guaranteed to contain 5 grains of pure  
Acid Acetyl Salicylic

1,000 .....	\$ 1.25
5,000 .....	5.75
10,000 .....	11.00

*Pink or White Tablets furnished at the same prices*

CASH WITH ORDER

PARCEL POST, PREPAID

**Ask for Sample**

**Carr Drug Company**

**Box 21**

**Muncie, Ind.**

cessful investment houses has issued this booklet which describes in detail the method they employ in safeguarding the interests of their clients.

"Bonds Legal for Savings Banks in New York State, Massachusetts and Connecticut"—With a digest of the laws limiting such investments. Also an official list of bonds believed to comply with the aforesaid laws.

— FOR SALE —

In our May issue we published an article by Dr. J. C. Hughes on "Co-operation Between Physician and Patient."

Several of our readers have suggested that we reprint this article and supply it at cost to physicians for distribution to their own patients with bills and on the table in the reception room. So, we have reprinted the article in attractive form and will supply our readers with quantities of 100 or more at \$1.00 per hundred. Order from—

MEDICAL ECONOMICS

256 Broadway, New York, N. Y.



A Compound Containing the Bile Salts, Sodium Glycocholate, Sodium Taurocholate with Cascara Sagrada and Phenolphthalein

for  
Hepatic Insufficiency, Habitual  
Constipation and Gall Stones

**Taurocol Compound Tablets**  
(TOROCOL)

With Digestive Ferments  
and Nux Vomica

A remedy for all forms of Dyspepsia  
and Disorders of the Liver and Bile Tract

Manufactured Exclusively for  
Physicians, Prescriptions  
and Dispensing

**THE PAUL PLESSNER CO.**  
DETROIT, MICH.

## In Chronic Constipation

the bowel contents are abnormally retained in the intestinal canal. As a result, over-digestion takes place, with over-absorption of fluids from the fecal mass, leaving them hardened and reduced in bulk. In this condition the bowel contents, failing to provide the normal stimulus to the intestinal muscles, are still further delayed in their passage, thus preventing the elimination of toxic wastes.

In **AGAROL COMP.**—a palatable preparation of pure mineral oil, agar-agar and phenolphthalein—the practitioner has at his service a true bowel corrective. Administered in proper doses, it mixes thoroughly with the feces, making them soft, plastic and increased in bulk. In this condition they furnish the natural stimulus to peristalsis, and this, with their incidental lubrication, assures their ready passage.

Used over a reasonable period, therefore, Agarol Comp. restores the muscular tone and functional activity of the bowel, with the gratifying assurance that natural evacuations will follow regularly without the need for any further medication.

AGAROL is the original Mineral Oil—Agar-Agar Emulsion, and has these special advantages: Perfectly homogenized and stable; pleasant taste without artificial flavoring; freedom from sugar, alkalies and alcohol; no contraindications; no oil leakage; no griping or pain; no nausea or gastric disturbances—Not habit forming.

Bottle and literature mailed gratis,  
upon request.

**WM. R. WARNER & CO., Inc.**

Manufacturing Pharmacutists since 1856

113-123 West 18th Street,  
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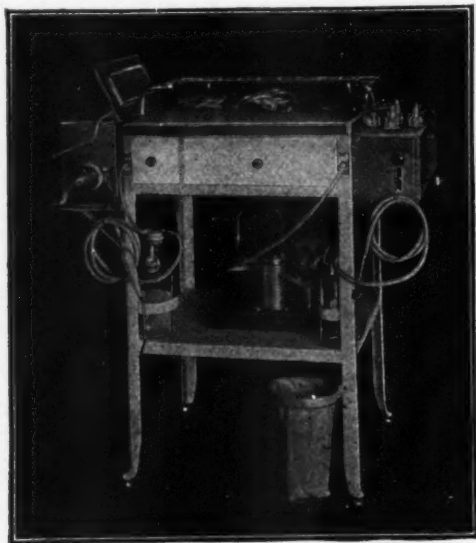
## New Instruments and Appliances

*Our readers are requested to advise us of new and improved instruments, appliances and equipment. Where possible always furnish photographs or drawings.*

### The Sklar E. N. T. Outfit

A recent development in the field of ear, eye, nose and throat specialists equipment is the Sklar E. N. T. Outfit, which consists of a white enamel steel table, 16 x 20, equipped with Monel Metal top, rubber tire wheels, Monel Metal sterilizer shelf, cotton

1 quart capacity. Ether bottle—16 ounce capacity. Yankauer Suction Tube with removable tip and Gwathmey Ether Hook. Three Atomizers and one Nebulizer. Complete set rubber tubes with metal couplings, newest taper-screw type. Metal Ear Tip for



drawer, instrument drawer, bottle rack holding 10 two-ounce and 6 one-ounce bottles.

The portable air pressure and suction machine is removable without the use of tools. It consists of 1/6th horse power motor, current 110 to 120 volts. Other equipment includes: Aspirator Bottle—

Tympanum massage. Silk covered hose with air cut-off for spray bottles. Bier's Vacuum cup 7/8" with suction control tube. Oil can, wrench and screw driver.

Other information can be obtained from the J. Sklar Manufacturing Company, 133 Floyd St., Brooklyn, New York.

## Stainless Steel Needles

**T**HE medical profession are familiar with stainless steel, due to its extensive use for knives and surgical and dental instruments. Hypodermic needles

Co., Needham, Mass., under the name of VIM Stainless Steel Needles.

It is claimed by the manufacturers that needles of stainless



are now being made of this stainless steel, the product of the Firth Co., Sheffield, England, original manufacturers of stainless steel. These needles are being manufactured by McGregor Instrument

steel possess the tensile strength of Carbon Steel and take and hold a cutting edge just as well. In addition that they are absolutely stainless and rustless under most conditions.

## A Time Saver for the Laryngologist

The accompanying illustration shows an interesting development in the equipment of Laryngologist.

This consists of a heating unit enclosed in a nickel plated container with a slot into which



the mirror is inserted.

By holding it in the slot for a few seconds, moisture is driven off and the mirror comfortably warmed.

For further information write V. Mueller & Co., Ogden Ave., Chicago, Ill.



## THE STANDARD LOESER'S INTRAVENOUS SOLUTIONS CERTIFIED

Complete information on Intravenous Therapy, including "The Journal of Intravenous Therapy," will be sent on request.

### New York Intravenous Laboratory

Producing Ethical Intravenous Solutions for the Medical Profession Exclusively

100 WEST 21st STREET, NEW YORK

## RADIANT LIGHT and HEAT THERAPY



**STEIN-O-LITE**

in indicated and effectively employed in the following pathological conditions:

Rheumatism	Dermatoses
Neuritis	Mastitis
Sciatica	Phlebitis
Myalgia	Abscesses and Boils

Send for Free Book

"Therapeutics of Radiant Light and Heat"

Name.....

Address.....

Dealer.....

J. SKLAR MANUFACTURING CO.  
133-143 Floyd St., Brooklyn, N. Y.

## When Good Fellows Get Together

(Concluded from page 16)

eration of Women's Clubs, and it bids fair to become a great educational force.

It is believed that physicians in other parts of the country may desire to form a club of a similar nature. In Peoria a Physicians' Club has already been formed and it is the hope of the progenitors that physicians throughout the country will interest themselves to the extent of establishing such organizations.

The sooner physicians get together in organizing clubs like this, the sooner and more efficiently will their little difficulties be ironed out. After all, a physician is but a human being with the weaknesses of the average man. If such groups can be established, the better for the profession and the better for the people whom its members serve.

Dr. Emmett Keating, 2757 Fullerton Avenue, Chicago, Ill., is the secretary of this pioneer medical club.

## The Patient Who Wants to Argue About His Bill

(Concluded from page 17)

and behold it ran perfectly!

Then he went back and rendered a bill for \$35. The company raised an awful holler, and asked him to itemize the statement. He did. And the itemized bill read:

To five taps with a small hammer at 5 cents per tap .....	25
To knowing where to tap .....	34.75

Total .....\$35.00

Need I emphasize the moral. If I had not known "where to tap" when you called me in one day last month, *you* wouldn't be able to complain about your bill today!

Sincerely,

## Gynecologically Correct

The  
Marvel  
Whirling  
Spray  
Syringe

*Always Gives Satisfaction*



For Literature Address  
**MARVEL CO.**

25 West 45th Street, New York



### Bowel Inactivity

calls for efforts that not only will empty but restore as promptly and satisfactorily as possible, the physiologic action and tone of the intestinal tract. To accomplish this

## PRUNOIDS

has no superior. Absolutely free from irritating effect, this ideal laxative never gives rise to griping or extreme peristalsis, but through its stimulation of natural processes, produces as near to normal or physiologic evacuations, as may be possible.

### The "Limping" Heart

is at once supported and regulated by the systematic use of

## CACTINA PILLETS

Thus employed Cactina gradually improves the nutrition and tone of the heart muscle, restores the cardiac rhythm and renders the heart more resistant to irritating influences.

Cactina is a true cardiac tonic without cumulative effect.

**SULTAN DRUG COMPANY**  
St. Louis, Mo.

To Physicians who will write in, mentioning MEDICAL ECONOMICS, we will be glad to send liberal samples and interesting data.



## Does It Pay to Collect?

(Concluded from page 10)

siderable amount, if he presses for his money; but on the contrary will turn around and consult another doctor and pay him cash for each visit; the poor-collector doctor simply loses his accumulated fee and this extra work also. To justify their failure to pay Doctor So-and-So, a certain class of debtors will knock the doctor to all who will listen; while if handled with firmness and made to pay, they will be loud in their praises and continue to utilize him.

Doctor A., who in general was a good collector, for some reason allowed the family of X. (very slow payers) to run up a bill of \$200. They would not pay when pressed, and were too worthless to sue. The family of X. then shifted to Doctor B., an easy-going old school doctor, who allowed them to charge \$60, which likewise was never paid. Then the family of X. decided to try Doctor C., a newcomer in the community, who sent out statements each month, and went right after those able to pay but remiss after three months. This business-like attitude evidently dazed X. and his family, as they promptly paid Doctor C., but were insulted and went back to Doctor B. for awhile. When a serious illness developed in the family again sent for Doctor C. and paid him promptly at the end of the month. Again they became insulted at his bill and returned to Doctor B. for another time, adding a little more to Doctor B.'s bill.

Once more Doctor C. was called on, and when an attempt was made to stand him off in payment, the new doctor (who by this time had gotten acquainted with the financial methods of X. and his family) went right ahead and collected a third fee. At the end of this period A. was still waiting for his \$200, B. was waiting for close to \$100, while C., through efficient

and up-to-date business methods, had collected nearly \$75 from this family, and finally put them on a strictly cash-in-advance basis for future professional services.

One swallow does not make a summer, but the cases of Doctors A., B. and C. may be found in every community. The business-like Doctor C. is the successful doctor, who finally develops the most lucrative practice, simply because he employs modern business methods in his practice, and has the courage to demand payment of his fees in a reasonable time, by those able to pay for his professional services.

Beside that, the Doctor C.'s have sufficient time for proper rest and recreation; sufficient funds, not only to pay their ordinary running expenses, but to equip themselves with the latest and best instruments and office equipment, medical journals. They also can take time off for post-graduate study and vacation trips.

And what is still more important, the Doctor C.'s slowly accumulate a surplus capital, which, with proper handling, means that the physician and his dependents will have sufficient income to insure comfort and ease in the sunset years of life, when the day's work is done.

The subject of Medical Economics is a big one; too big and too important, of course, to be even more than lightly touched upon in an article of this nature; but the point I have strived to emphasize is that it will pay every physician to employ business methods in his practice, and to collect reasonable fees from any and every patient financially able to pay. Furthermore, that honest, courageous handling of this collection problem will redound to the advantage, financial and otherwise, of all physicians who realize that they must collect proper fees to develop the utmost in professional efficiency.

## "Partial Feet Amputations"—

is the title of Chapter III of Marks' "MANUAL OF ARTIFICIAL LIMBS."

Using 28 illustrations, it shows how mechanical substitutes may be employed after amputation of the foot.

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### When Sedative Action Is Imperative

especially under conditions requiring avoidance of stomach disturbances or those ill effects common to most bromides,

### PEACOCK'S BROMIDES

will be found invaluable.

It is the foregoing that has made this preparation so uniformly dependable in all acute and chronic conditions needing sedative action, or in those cases where bromides require administration over long and continued periods.

### A Sluggish Liver

must not be neglected in acute or chronic ill, or disaster is certain. Innumerable are the cholagogues used and recommended, but most of these have the drawback of exciting too active catharsis.

### CHIONIA

is the one stimulant of the hepatic functions that will produce its effect without at the same time setting up too great bowel activity.

It is easy to understand, therefore, how the obvious advantages of Chionia have given it the wide range of use it enjoys in countless gastric, hepatic and intestinal conditions.

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**For the  
Reduction  
of Fever—  
In Pneumonia,  
Influenza,  
Coughs, Colds  
and All  
Inflammatory  
Conditions.**

### FORMULA

Guaiacol 2.6, Formula 2.6  
Creosote 12.02, Quinine 2.6  
Methyl Salicylate 2.6  
Glycerine and Aluminum Sil-  
icate, qs 1000 parts.  
Aromatic and Antiseptic  
Gills, qs

*Spread in a thin layer, never thicker than a silver dollar, on a piece of cloth or gauze, and applied moderately warm over the area involved.*

## Pneumo-Phthysine

Is an emplastrum of outstanding merit. It exhibits, on a kaolin base, the drugs shown in the formula. In combination, these act synergistically—one enhancing the action of the others. They are absorbed through the skin and function without deranging the digestive organs.

**PNEUMO-PHTHYSINE** brings about a lowering of the temperature, which becomes evident in from one-half to one hour, and which can be maintained under perfect control as long as necessary.

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## Confessions of a Self Doser

(Concluded from page 15)

his had been advised. Neither would he be content, if he wanted to build a house on another site, or he was again in need of legal counsel, to assume that the situation was exactly the same as a previous one. He knows only too well, that the man who is using second-hand plans or stale opinions is likely to have a botch or a law suit on his hands. I know in ordinary business what false economy it is to make decisions on subjects concerning which I have no expert knowledge. A man who uses a ready made patent medicine or even another's prescription is risking trouble and embarrassment.

Personally, I am thorough with taking advice that doesn't fit me, even if it comes by radio from high medical authorities. Twice a year, now, I have myself thoroughly examined and surveyed by my physician, and if there is any trouble indicated, I have it attended to at once. I keep the bridge running away from me—I do not worry about crossing it. The periodic health examination is good sense and good business. I am just as much for it, as I am for regular inspection of elevators and of steam boats and factory boilers. Then, if anything is found wrong, I am convinced that an expert ought to hunt the trouble and remove its cause. Although for obvious reasons I have not given the exact details concerning the remedies I employed, and have introduced this subject in a rather light vein, my experience was none the less poignant as a result of my feckless efforts as my own doctor. I hope that the physician readers of **MEDICAL ECONOMICS** will not think it presumptuous of me, if I suggest to them, that they, as my medical advisor has, point out to all the dangers that lurk in self dosing.

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